

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings

American College of Surgeons, Fairmont Hotel, San Francisco, October 28 to November 1, 1935. Howard C. Naffziger, M. D., 384 Post Street, San Francisco, Chairman.

California Medical Association, Coronado, May 25-28, 1936. Frederick C. Warnshuis, M. D., 450 Sutter Street, San Francisco, Secretary.

Nevada State Medical Association, Elko, Nevada, October 25-26, 1935. Horace J. Brown, P. O. Box 698, Reno, Secretary.

Pacific Coast Society of Obstetrics and Gynecology, Los Angeles, November 6-9, 1935. T. Floyd Bell, M. D., 400 Twenty-ninth Street, Oakland, Secretary.

Western Orthopedic Association, San Francisco, October 25-26, 1935. Merrill C. Mensor, M. D., 490 Post Street, San Francisco, Secretary.

Medical Broadcasts*

San Francisco County Medical Society.—The radio broadcast program for the San Francisco County Medical Society for the month of October is as follows

Tuesday, October 1—KJBS, 11:15 a. m. Subject: Blood-Building Foods.

Thursday, October 3—KFRC, 1 p. m. Subject: Blood-Building Foods.

Tuesday, October 8—KJBS, 11:15 a. m. Subject: Appendicitis—A Growing Menace.

Thursday, October 10—KFRC, 1 p. m. Subject: Appendicitis—A Growing Menace.

Tuesday, October 15—KJBS, 11:15 a. m. Subject: The New Deal in Appendicitis.

Thursday, October 17—KFRC, 1 p. m. Subject: The New Deal in Appendicitis.

Tuesday, October 22—KJBS, 11:15 a. m. Subject: The Family Doctor.

Thursday, October 24—KFRC, 1 p. m. Subject: The Family Doctor.

Tuesday, October 29—KJBS, 11:15 a. m. Subject: What Is a Mastoid?

Thursday, October 31—KFRC, 1 p. m. Subject: What Is a Mastoid?

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Los Angeles County Medical Association.—The radio broadcast program for the Los Angeles County Medical Association for the month of October is as follows:

Tuesday, October 1—KECA, 11:15 a. m. Subject: Alcoholism 1.

Saturday, October 5—KFI, 9 a. m. Subject: Alcoholism 1.

Saturday, October 5—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, October 8—KECA, 11:15 a. m. Subject: Alcoholism 2.

Saturday, October 12—KFI, 9 a. m. Subject: Alcoholism 2.

Saturday, October 12—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, October 15—KECA, 11:15 a. m. Subject: Alcoholism 3.

Saturday, October 19—KFI, 9 a. m. Subject: Alcoholism 3.

Saturday, October 19—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, October 22—KECA, 11:15 a. m. Subject: Alcoholism 4.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Saturday, October 26—KFI, 9 a. m. Subject: Alcoholism 4.

Saturday, October 26—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, October 29—KECA, 11:15 a. m. Subject: Alcoholism 5.

Samuel D. Gross Prize for 1935.—The Samuel D. Gross Prize for the year 1935 has been awarded to Dr. Owen H. Wangenstein, department of surgery, University of Minnesota, Minneapolis, Minnesota, for his essay, entitled "The Therapeutic Problem in Bowel Obstruction."

Information for Technicians.—Under Chapter 638, recently passed by the legislature, technicians must, after September 15, 1935, hold a technician's license issued by the State Board of Public Health. The principal exception is in laboratories conducted by physicians for use in their own practice and provided they do not receive specimens from other doctors or from patients of other doctors. A group of physicians occupying one suite of offices comes under the same exception. Not all persons in a clinical laboratory come under the classification of technician. A limited number, at least one and in some cases two, may be classed as apprentices until able to pass the examination.

The certificate of license as "clinical laboratory technician" is issued by examination covering the whole field of clinical laboratory work. The fee for the examination is \$5, not returnable in case of failure, and the annual renewal fee is \$1. The certificate entitles its holder to engage in any phase of clinical laboratory work, but not to direct the work of a laboratory excepting under a physician or a clinical laboratory technologist. College degrees and experience count toward the certificate, but the examination paper must reach a certain grade of excellence regardless of experience.

The individual certificates in bacteriology, serology, biochemistry, and parasitology are continued and the examination fee for these is \$2 for each examination, not returnable in case of failure. The renewal fee is 50 cents for each senior certificate, payable annually. The senior certificate entitles the holder to engage unsupervised in the work covered by that certificate only. It serves to provide for a limited license in laboratories where the technician is not required to do all types of work.

Junior grade certificates are issued to applicants who make a certain grade but do not give evidence of that degree of proficiency required by the holder of a senior grade certificate. Junior certificates do not require annual renewal.

Persons who accumulate all four senior certificates may turn them in and secure in exchange the certificate as clinical laboratory technician without further examination and without fee if the certificates were secured after the passage of the law. If secured before the passage of the law, a fee of \$5 is required.

Applications to take the examination must be filed two weeks in advance of the advertised date. Information regarding the date, hour, and place of examination is sent to each person who has an application on file, together with a card of admittance, several days before.

Those desiring information as to the scope of the examination should write for Bulletin No. 9. Special forms on which to apply for the examination will be sent on request.

Public Health and Nursing Examination Announced. The next examination for public health nursing certificate will be held simultaneously at San Francisco and Los Angeles on Saturday, December 21, 1935.

Completed applications must be on file in the office of the Department of Public Health, 312 State Building, San Francisco, not later than November 15, 1935.

Painted Mosquitoes.—The Public Health Service painted mosquitoes in its search for a way to prevent airplanes from bringing the disease-bearing pests into this country.

Officials disclosed that after five years of experiments, they found a method of prevention so efficient that inspectors find only about one mosquito in every ten planes entering the United States from foreign ports.

Officials sent to South America, mosquitoes sprayed with a color fluid and loaded them aboard airplanes. At each stop along the route, they would see how many mosquitoes were left aboard the plane. The planes travel from the yellow fever zones into this country in three days.

Then the search began for a non-inflammable spray that would be effective and could be used aboard airplanes. Dr. Charles Williams of New Orleans finally worked out a solution of flowers of pyrethrum mixed with light oils, which proved effective.

Noted Doctor Will Give Address Here.—San Francisco and California medical circles are preparing to welcome a world figure in tropical medicine, in the person of Dr. Hamilton Fairley, secretary of the Royal Society of Tropical Medicine in London, who is scheduled to make three addresses in this city.

Doctor Fairley is coming to the United States to address the annual meeting of the American Society of Tropical Medicine in St. Louis November 20 to 22. He will come first to San Francisco, making his first appearance before the San Francisco County Medical Society on November 13. The following day he will address the Pasteur Society and on Friday, November 15, he will address the students and staff of the University of California Medical School.

The visit of Doctor Fairley is particularly opportune at this time, as the American Society of Tropical Medicine is now endeavoring to coordinate the work of a number of medical schools and societies to deal with the tropical diseases now in this country and the threatened invasion of others. One of the principal factors in this work is the Pacific Institute of Tropical Medicine, of which Dr. A. C. Reed, professor of tropical medicine in the University of California, is the director. Doctor Reed is also a director of the American Society of Tropical Medicine. The Institute is a part of the Hooper Foundation of Medical Research of the University.

Governor Merriam Appoints Dr. Walter M. Dickie Director of the State Department of Public Health.—On September 16, Governor Merriam appointed Dr. Walter M. Dickie as secretary-director of the State Department of Public Health. The *Los Angeles Times* made the following statement:

Dr. Walter Murray Dickie of Berkeley was appointed head of the State Department of Public Health by Governor Merriam to succeed Dr. J. D. Dunshee, who resigned.

Doctor Dickie, a former resident of Los Angeles, served as director of the State Public Health Department in three prior State administrations and his selection for the post is considered as a reappointment.

Doctor Dickie will assume his new post immediately. Doctor Dunshee resigned after numerous reports of friction between him and the personnel of the department.

Doctor Dickie was born May 12, 1875, at Ottawa, Canada. He is the son of John and Louise Dickie, and came to California in 1885. He was graduated from the University of California in the class of 1898 and the University of California Medical College, class of 1901.

He is a member of the Los Angeles County Medical Society, and a fellow of the American Medical Association.

Chiropractic Test.—Under the above caption the *San Francisco Examiner* of August 9, 1935, printed:

The judge looked on calmly as one man rolled up his sleeves, another removed his collar—

Superior Judge John J. Van Nostrand's court nearly became the scene of a practical demonstration of chiropractic yesterday. Legal tactics—and the discouraging avoidance of an intended "subject" balked the serio-comic enactment.

Two groups of chiropractors, with the State of California as intervenor, are attempting to secure a legal definition of the rights and limits of a chiropractor's ministrations.

Philip Lovell, Los Angeles, was the chiropractor who was to perform the experiment. He sighed, however, and shook his head when a 200-pound man was selected for him to work on, stating he would need "x-rays" to analyze the subject's condition.

Lionel Browne, Deputy Attorney-General, declined to serve in the experiment.

"We're trying to find out what a chiropractor can do. I'll wait until we have the answer before I submit," Browne said.

Senator Files Objection to Committee Aid—Appointment for Health Insurance Survey Protested.—The *San Francisco Chronicle* of September 17 printed the following:

Senator Dan E. Williams of Tuolumne County today protested the appointment of Celestine Sullivan as committee secretary in a letter to Senator Edward H. Tickle, Carmel, chairman of Senate Interim Committee on Health Insurance. Senator Williams is a committee member.

The Senator said Mr. Sullivan was a State Harbor Commissioner for San Francisco and pointed out that Governor Merriam has objected to State employees serving in other State capacities.

Senator Williams also said he "openly charged Mr. Sullivan with 'lobbying'" for bank interests and "his ideas on health insurance."

COLORING REPORT CHARGED

Mr. Sullivan was described by the Senator as coloring a report on "the high cost of sickness" with his ideas during his tenure as secretary of the 1935 committee, which reported to the last legislature.

"His quite evident animosity for certain medical authorities had no place in this report," said Senator Williams. "To be sure, this report was signed by the committee, but necessarily, in our hasty perusal, its faults elicited no particular comment that a careful survey would have disclosed.

FACTUAL MATTER GOOD

"The factual matter was good and is good today but much of the remaining pages could have been dispensed with at no great loss to the report."

Referring to a Senate bill on health insurance, which was defeated, the Senator charged that the "dominant attitude of a secretary convinced that health insurance should be a compulsory measure had much to do with the failure of that measure. . . ."

One Hundred Thousand on Relief Lose Medical Aid in Los Angeles County.—On September 17 the *Los Angeles Herald-Express* printed the following item:

Approximately 100,000 county relief clients today were without medical care, due to a decision of State Emergency Relief Administrator Frank Y. McLaughlin that the legislative act covering the \$24,000,000 relief bond issue does not make medical care mandatory.

Not more than 10 per cent of those who have been receiving the medical care can be taken care of by county means, Superintendent of Charities Rex Thomson said today.

As a result, county medical care will be given only in the most urgent cases, Mr. Thomson said.

Mr. McLaughlin yesterday notified Mr. Thomson that money from the \$24,000,000 bond issue would not be used for medical care, despite a provision in the legislative act providing that medical care be included in the purposes for which the bond issue was voted.

Mr. Thomson countered today by stating that Mr. McLaughlin's interpretation of the act was arbitrary and unfair, but that the county care, due to lack of funds,

would have to be reduced 90 per cent until such time as Mr. McLaughlin decided to let the county have some of the state funds to finance the work.

"The act provides that the bond money shall be expended for home or direct relief, including money, food, housing, clothing, fuel, light, water, medicine, medical and other treatment, medical appliances, nursing, etc.," said Mr. Thomson, quoting from the legislative act. "It was the intention of the legislature that this money should include medical care."

The Western Orthopedic Association.—The annual meeting of the Western Orthopedic Association is to be held in San Francisco on October 25 and 26, 1935. Two days of scientific sessions will be devoted to the presentation of papers by outstanding orthopedists of the Pacific Coast combined with clinical meetings at San Francisco Hospital, Stanford Hospital, and Mount Zion Hospital. A cordial invitation is extended to all members of the profession interested in orthopedics to attend its session. For further particulars, communicate with Merrill C. Mensor, M.D., 490 Post Street, San Francisco, secretary.

LETTERS

Reply of Dr. Rodney A. Yoell to letter of Frederick L. Hoffman, LL. D., printed in "California and Western Medicine" (issue of July, 1935, page 102).

To the Editor: It is neither my desire nor intention to enter into any controversy with Mr. F. L. Hoffman, but in justice to my fellow members in the House of Delegates his letter, as published in the July number of CALIFORNIA AND WESTERN MEDICINE, page 102, merits an answer. To review his letter, point by point, would be tedious as well as fruitless, but certain of his statements bearing directly on the subject he brings to issue—namely, his testimony before the Canadian Commission—as stated by me in the House of Delegates, can be categorically challenged.

Mr. Hoffman declares that he has "probably written as much as anyone in this country on the operation and results of health insurance in European countries," etc. It is not the *quantity* but the *quality* of his lucubrations which draw fire.

He submits that he has been to Europe, but it does no harm to remark that opportunities for foreign travel and study are not his exclusive and peculiar prerogative.

Mr. Hoffman's assertion that my comments on his views "betray the same personal bias" as the Canadian report, is a charge ridiculous to the point of crudity. When he levels his lance at the Canadian Commission from this rest, the fatuous futility of the attack would seem to spring from a childishness almost naive in its conception. Why should (as he charges) an obscure California physician and five members of the Royal Commission in Canada conspire on *personal grounds* to reject his views and testimony.

Mr. Hoffman admits he has not read the Canadian report offered in evidence by me at the Los Angeles meeting of the House of Delegates. 'Tis a profound pity he has not. The effort should prove most salutary. Is it not strange, one might ask, that this self-styled authority on health insurance should have failed to acquaint himself with the published conclusions of so important a body as the Royal Commission investigating the subject, which Mr. Hoffman deems so peculiarly his own, in one of the greatest Anglo-Saxon commonwealths of the continent. It is all the more remarkable because Mr. Hoffman once deemed this Commission of sufficient importance to warrant his personal attention and advocacy even if this personal attention was at the request of the Christian Scientists.

But enough of this! The report was printed by the authority of the Legislative Assembly of the province of British Columbia in Canada. It appeared in 1932 from the press of Charles Banfield, printer to the King's Most Excellent Majesty. It bears on its cover the governmental seal of authority. British public

documents are considered, as a rule, meticulously authentic. If Mr. Hoffman will read this report he will find the following statements, taken verbatim therefrom, which formed the basis of my criticism of his efforts when I spoke in the House of Delegates. Should he disagree with these statements, the difference lies between himself and the Royal Commission rather than with me.

The Commission states in its report, on page 17, Section 53, that:

The lone exception, which does not come from Europe or from any country utilizing the scheme, has been voiced by an official of the Prudential Insurance Company of America, Mr. F. L. Hoffman.

It further states in Section 54, page 17, that:

At the earnest request of the Christian Scientists, we accorded a special hearing to Mr. Hoffman, and his evidence will be found in Volume 3 of Appendix H.

Section 55, page 17, states that:

A perusal of this evidence discloses, however, that Mr. Hoffman's antagonism to the principle of State health insurance is based, not upon any authentic facts relative to the failure or success of European schemes, but rather upon a general argument in condemnation of the principle of compulsory State health insurance.

Section 56, page 17, states that:

Other expressions, however, by Mr. Hoffman are clearly valueless in the light of present-day experience, and indicate that his study of European schemes has not been brought up to date.

Section 58, page 18, states that:

Mr. Hoffman has evidently not followed the later developments of the British system, one particular feature of which has been to give the medical profession an increasing share in the administration of the scheme, and which has largely removed the major dissatisfaction formerly prevalent amongst the profession, as has been conceded by the British medical profession.

Section 59, page 18, states that:

Mr. Hoffman also says: "Health insurance in the United Kingdom has not improved the health of the wage earner as was expected. The British death rate is the same as the death rate of this country and in all probability with a larger amount of general sickness among the working people."

With Section 60, page 18, the Commission then quotes statements from Lord Lawrence of Kingsgate, head of the Royal Health Insurance Commission, which the Canadians offer in flat contradiction to the statements of Mr. Hoffman, and there are three paragraphs devoted to a contradiction to Mr. Hoffman's testimony, including an official report taken from the British Medical Association, and finally an extensive table is published which was offered by Sir George Newman, the chief medical officer of the British Ministry of Health. This table lists a great many diseases and shows that since health insurance was instituted there has been an average decrease in mortality of 39.55 per cent.

The report then summarizes Mr. Hoffman's evidence in this fashion:

Section 62, page 19:

In view of these authoritative statements, which are in direct opposition to those of Mr. Hoffman, we are disinclined to attach any practical value to his criticisms as directed against the beneficial effects of State health insurance as practiced in Europe.

It also adds:

Mr. Hoffman's criticism is mainly directed to conditions which existed more than ten years ago, and which conditions have been steadily improved upon.

And in Section 63, page 20, the Royal Commission summarizes its opinion of Mr. Hoffman's evidence.

Finally, we refer again to the evidence of Mr. Hoffman in Volume 3, Appendix H, when he was closely questioned by members of our Commission. His evidence reveals, in our view, merely general statements backed up by no reliable facts.

These statements have all been taken verbatim from the report, and I trust that the evidence submitted will show the members of the California Medical As-